

FLTCIP Stay-at-Home Benefit: Home Modification

Please return your completed form by email to **claimsinfo@ltcfeds.gov**, by fax to **1-866-513-2674**, or by mail to **FLTCIP, Attn: FedPoint, P.O. Box 797, Greenland, NH 03840-0797**.

Please read the following important information regarding your application for home modification.

- ▶ The intent of home modification is to allow the insured to remain at home. Home modifications are based on the Plan of Care approved by FedPoint, the administrator of the Federal Long Term Care Insurance Program (FLTCIP). Home modifications are not intended to increase the value of the residence or upgrade existing products or materials in the residence.
- ▶ FedPoint must have determined that you are eligible for benefits according to your *FLTCIP Benefit Booklet* before any home modification will be approved.
- ▶ FedPoint will approve benefits for a specific home modification to only one residence. The residence modified must be the insured's legal residence.
- ▶ FedPoint will not approve a home modification for construction that expands the existing residence.
- ▶ FedPoint will only approve home modifications to a residential structure. Home modifications to a facility will not be approved.
- ▶ All home modifications must be approved in advance of the start of construction or installation.
- ▶ If approved, home modification benefits will be paid to the insured. FedPoint will not pay benefits directly to any contractor or supplier of the home modification.
- ▶ The waiting period does not need to be satisfied before a home modification is reimbursed.
- ▶ This Home Modification Application must be signed by the insured and a FedPoint claims representative before a benefit payment is approved. The benefits we will pay for a home modification will be subject to the Maximum Lifetime Benefit as outlined in your Schedule of Benefits.
- ▶ Copies of the front and back of cashed checks or copies of credit card receipts for the home modification, as well as a photograph of the completed modification, must be provided before reimbursement will be made.
- ▶ Please be advised FedPoint is not responsible for the quality of the installation or materials used or for any federal, state, or local permits or code requirements or violations of such. FedPoint is not responsible for any injury or loss caused by or resulting from the installation of a home modification.

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Insured's personal information

First name	M.I.	Last name
Identification number		
Claim number		

Please provide the address where the home modification will be made:

Address		
City	State/Territory	
Country	Zip/Foreign postal code	

1. Does the insured own the property where the home modification will be made?

☐ Yes ☐ No

If "No," who owns the property where the modification will be made?

First name	M.I.	Last name
Address		
City	State/Territory	
Country	Zip/Foreign postal code	

Relationship of the property owner to the insured: _____

2. The home modification is best described as:

- ☐ modification to an existing home (e.g., adding grab bars or widening doorways)
- ☐ modification to a home under construction (e.g., adding grab bars or a raised toilet to the bathroom in a residence under construction)

Description of modification: _____

3. Three estimates are required for installations or modifications costing \$1,000 or more. Attach the three estimates to this application. The estimates must be itemized on the contractor's or supplier's stationery, with a photograph of the area to be modified attached.

1.		
	Contractor or supplier	Phone number
	Address	
2.		
	Contractor or supplier	Phone number
	Address	
3.		
	Contractor or supplier	Phone number
	Address	

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4. Modification dates

Estimated start date of modification:

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Month Day Year

Estimated end date of modification:

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Month Day Year

5. Which method of payment is anticipated for the modification?

☐ Single payment amount: _____ ☐ Installment payment amount: _____

Estimated payment date(s): _____

Insured's or legal representative's signature

Signature _____ Date signed _____ / _____ / _____
(Required) (Required: mm/dd/yyyy)

Print name _____
(Required)

Homeowner's (if other than the insured's) signature

Signature _____ Date signed _____ / _____ / _____
(Required) (Required: mm/dd/yyyy)

Print name _____
(Required)

Claims representative's signature

Signature _____ Date signed _____ / _____ / _____
(Required) (Required: mm/dd/yyyy)

Print name _____
(Required)

Any person who, with an intent to defraud or knowing that they are facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud and may be subject to criminal and civil penalties.

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